

MARSHALL SPACE FLIGHT CENTER COMPETITIVE PLACEMENT PLAN APPLICATION

NAME:	SOCIAL SECURITY NUMBER:	CURRENT ORG. CODE:	POSITION FOR WHICH APPLYING:	ANNOUNCEMENT NUMBER:
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Date of highest civilian grade held: (EXAMPLE: GS-12) Do not show date of last step increase. Failure to provide correct information could result in an ineligible rating. Highest Grade: _____ Time Period: From: _____ To: _____ Series: _____ mm/dd/yy mm/dd/yy	WORK TELEPHONE NUMBER:
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EDUCATION:	AWARD(S) (Check all that apply and show date(s):
HS/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph.D. <input type="checkbox"/>	<input type="checkbox"/> QSI (Quality Step Increase)
Name of last high school or GED school attended: _____	_____
City and state: _____	_____
Year diploma or GED received: _____	<input type="checkbox"/> SSP (Sustained Superior Performance)
Name of business/technical school attended: _____	_____
City and state: _____	_____
Classroom hours completed: _____	_____
Title of Certificate(s) and date received: _____	<input type="checkbox"/> OPR (Outstanding Performance Rating)

COLLEGE/UNIVERSITY STUDY:					
School Name	Dates Attended	Major Field	Sem/Qtr Hrs (Specify)	Degree(s)	Date Received

Notes:	<input type="checkbox"/> OTHER (Specify): _____ _____ _____ _____ _____ _____ _____ _____
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PRIVACY ACT INFORMATION

The MSFC Personnel Office is authorized by sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of Title 5 of the United States Code to collect the information requested on this form. Your social security number (SSN) is requested under authority of Executive Order 9397 for proper identification; other people may have the same name. The primary use of the information by employees of the Personnel Office and MSFC panel members is to determine qualifications and rank applicants for vacancies advertised under MSFC's competitive placement procedures. Other disclosures of the information may be to: MSFC selecting officials involved with internal personnel management functions; to other organizations having legal or administrative relationships with MSFC, such as, labor unions; law enforcement agencies; and the Office of Personnel Management. Furnishing the information requested on this form is voluntary; however, failure to do so may adversely affect your rating for the position you are seeking.

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all information on this form is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be subject to validation.

SIGNATURE: _____ DATE: _____

KNOWLEDGES, SKILLS, ABILITIES, AND OTHER CHARACTERISTICS (KSAOC's)

Complete a separate block below for each knowledge, skill, ability, and other characteristic (KSAOC). Describe tasks performed that reflect **experience and training** in the KSAOC; time period when tasks were performed, and percentage of time performing that activity. Additional space is provided on page 4, or you may attach additional pages. Only **directly related experience** should be addressed.

Most positions require one (1) year specialized experience comparable in difficulty and responsibility to the next lower grade in the Federal service. Specialized experience is experience that has equipped you with the knowledges, skills, and abilities to perform successfully the duties of the position and is typically in or related to the work of the position. Use as many blocks or additional sheets as necessary to demonstrate each KSAOC, but you must be specific and demonstrate the level of difficulty and responsibility of the duties performed. Failure to do so could result in an ineligible rating or otherwise adversely affect your rating. If you do not possess a listed KSAOC, show the KSAOC number and enter "none" in the block.

PERIODS OF EMPLOYMENT AND EXPERIENCE SHOWN BELOW ARE SUBJECT TO VALIDATION

KSAOC NUMBER:	PLACE OF EMPLOYMENT:	DATES OF EXPERIENCE	
		FROM:	TO:

JOB TITLE (If Federal, include series and grade):

EXPERIENCE (Indicate percentage of time): ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ Other

KSAOC NUMBER:	PLACE OF EMPLOYMENT:	DATES EMPLOYED	
		FROM:	TO:

JOB TITLE (If Federal, include series and grade):

EXPERIENCE (Indicated percentage of time): ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ Other

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CONTINUATION: